



# California **EARLY START**

.....  
*For Infants and Toddlers  
with Disabilities  
and Their Families*



State Interagency Coordinating  
Council on Early Intervention

## **Annual Report**

July 1, 2001 to June 30, 2002

MAKING A DIFFERENCE





# *California Early Start*

State Interagency Coordinating  
Council on Early Intervention

## **Annual Report**

July 1, 2001 to June 30, 2002





## **STATE OF CALIFORNIA**

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## Foreword

It is with pleasure that the State of California Health and Human Services Agency and the Department of Developmental Services present the *State Interagency Coordinating Council on Early Intervention Annual Report July 1, 2001 – June 30, 2002*. The 12 months highlighted in this report reflect upon the activities and accomplishments of the system of early intervention services provided to infants and toddlers with disabilities known as California Early Start.

California Early Start is one of the largest early intervention programs in the nation, providing more than 42,000 children and families with coordinated, family-centered services and support for developmental disabilities each year.

In 2003, California celebrates the 10th anniversary of the California Early Intervention Services Act, and the 15th anniversary of the Interagency Coordinating Council on Early Intervention (ICC). On behalf of Gov. Schwarzenegger, we commend the ICC for the difference they make in the lives of young children by promoting family-centered approaches, parent-professional partnerships, and interagency collaboration.

S. KIMBERLY BELSHÉ  
*Secretary*  
*California Health and Human Services Agency*

CLIFF ALLENBY  
*Director*  
*Department of Developmental Services*

## Acknowledgements

The State Interagency Coordinating Council on Early Intervention (ICC) would like to thank the California Department of Developmental Services (DDS), which developed this report on behalf of the ICC, and the many people who contributed on the status of the early intervention service system in California. The development of the California Early Start Annual Report, July 1, 2001 to June 30, 2002, was a collaborative effort between DDS, lead agency for Part C, and the Departments of Education, Health Services, Social Services, Alcohol and Drug Programs, and Mental Health. Special appreciation is extended to ICC committee chairpersons who represented the needs of children and families and whose committees' accomplishments are reflected in this report.

The ICC and DDS recognize the essential contributions to this report from the staff from the Family Resource Centers Network of California, DDS liaisons who provided ongoing support to Early Start activities, and WestEd staff who provided editorial and design expertise.

We would also like to acknowledge the contributions made by professionals who work with infants and toddlers throughout California in various Early Start programs. It is through their steadfast commitment that California is able to continue providing high quality services to its youngest and most vulnerable population.

Families play a fundamental role in California Early Start. We wish to acknowledge the tireless efforts of parents of children with special needs in making a difference. It is to all of California's families that this report is dedicated.

DR. RAYMOND M. PETERSON  
*Chair, State Interagency Coordinating Council  
on Early Intervention*



## What is California Early Start?

**E**ARLY START is California's statewide, comprehensive, and coordinated interagency system of early intervention services for infants and toddlers with disabilities and their families. Children from birth to age 3 who have a developmental delay, an established risk condition with a high probability of resulting in delayed development, and those who are at risk of having a substantial developmental disability due to a combination of risk factors are eligible to receive Early Start services.

Early Start is administrated by the Department of Developmental Services (DDS), as lead agency, in collaboration with the California Department of Education (CDE), with the advice and assistance of the State Interagency Coordinating Council on Early Intervention (ICC). The Early Start system also includes the Departments of Health Services, Mental Health, Social Services, and Alcohol and Drug Programs (DHS, DMH, DSS, and ADP, respectively), which provide a variety of services that benefit families and young children with special needs. Early Start Family Resource Centers and Networks (FRC/Ns) provide parent-to-parent support, transition assistance, and information and referral to families.

The needs of infants, toddlers, and families can be so complex that a single agency, provider or discipline cannot meet them. Early recognition of delays in infants and toddlers, together with the provision of appropriate services, allows children with developmental delay or disability the greatest opportunity to reach their fullest potential. California Early Start has many activities designed to:

- ☛ reach families with children eligible for Early Start services;
- ☛ offer family support;
- ☛ enhance service delivery;
- ☛ provide a comprehensive system of personnel development;
- ☛ monitor, review, and provide statewide technical assistance to agencies and community-based organizations; and
- ☛ coordinate and collaborate with interagency partners.

*Early recognition of delays in infants and toddlers, together with the provision of appropriate services, allows children with developmental delay or disability the greatest opportunity to reach their fullest potential.*

The Early Start system works together with community partners and families to ensure the implementation of Part C of the Individuals with Disabilities Education Act (IDEA).

## What is California Early Start?

In California, 21 regional centers are the point of entry into the developmental disabilities service system that serves people of all ages under the Lanterman Developmental Disabilities Services Act. The regional centers provide intake, evaluation, and assessment to determine eligibility and service needs. Regional centers share primary responsibility with local education agencies (LEAs) for service coordination and provision of early intervention services. These entities are responsible for coordinating with other local agencies and organizations that may provide services to children eligible for Early Start.

Services provided by the regional centers are varied and are driven by the unique needs of the child and family. Early intervention services that are not available through other publicly funded agencies are generally purchased from service providers who are “vendored” by a regional center. In specific communities, some regional centers contract with an LEA’s infant/toddler program(s) to provide early intervention services. Vendored and LEA programs are family focused and may provide services in the home, child care, or other community settings. Services may include special instruction, specialized therapies, family support services, ongoing assessment, transition support, and other early intervention services, as identified in the child and family’s individualized family service plan (IFSP). Regional centers also provide advocacy, information, and referral.

The statewide network of 52 Early Start Family Resource Centers/Networks (FRC/Ns) actively collaborates with local regional centers and LEAs to help parents and families access early intervention services. Many FRC/Ns provide unique services depending on the needs of their local community. Support services are available in many languages and are culturally responsive to the needs of individual families. Early Start FRC/Ns:

- participate in community outreach activities that distribute information, encourage referrals, and assist families to access needed services;

## California’s Service Delivery System

- provide peer support to parents as they learn to enhance their child’s development and make informed choices, especially during transition from Part C to Part B special education preschool services;
- support an interagency community-based approach that underscores the family-focus priority of Early Start; and
- promote and model interagency collaboration and parent-professional partnerships.

In addition, many FRC/Ns have newsletters, resource libraries, websites, parent and/or sibling support groups, and telephone “warmlines” or “babylines” for support, information, and referral purposes.

Together, we make a difference for children with special needs and their families.

.....

*The statewide network of 52 Early Start Family Resource Centers/ Networks actively collaborates with local regional centers and LEAs to help parents and families access early intervention services.*

## What is California Early Start?

**E**arly Start has a child find and public awareness campaign to promote statewide and local child find efforts. More than 203,150 Early Start multimedia public awareness materials were disseminated to early intervention service providers, families, and targeted outreach populations in a concerted effort to locate, identify, and refer infants and toddlers who may be in need of early intervention services. Early Start publications are available in multiple languages and include:

- ♥ *A Family Introduction to Early Start*
- ♥ *Starting Out Together: An Early Intervention Guide for Families*
- ♥ *Family Resource Centers and Networks*
- ♥ *Role of the Health Care Provider in California Early Start*
- ♥ *Parents' Rights: An Early Start Guide for Families*
- ♥ *Early Start Statutes and Regulations*
- ♥ *"Together We Can Make a Difference" poster and Early Start stickers*

To promote general awareness of California Early Start, DDS contracts with Early Start Resources (ESR) through the WestEd Center for Prevention and Early Intervention (CPEI). ESR provided materials and

## Connecting Families with Early Start

direct technical assistance to 192 people during the reporting period. More than 2,290 Early Start Library items were disseminated along with 507 copies of the updated Early Start Library Catalog and 273 topical bibliographies. A total of 30 local training workshops and conferences were supported with Early Start resource provision. Two portable traveling displays featuring Early Start consumers were loaned for training events, conferences, and meetings.

Under the direction of DDS, ESR also facilitated the production of the *California Early Start Central Directory of Early Intervention Resources*, which is updated annually and disseminated to more than 3,000 people or entities in the Early Start community.

In addition to printed products in multiple languages, the DDS TV Center assisted Early Start in producing a video promoting referral to Early Start and the toll free telephone information line, 800/515-BABY. The public service announcement features infants and toddlers receiving early intervention services within their everyday routines and in natural environments. The public service announcement, produced in English and Spanish and with closed captioning, reflects California's cultural diversity and was widely disseminated to television broadcast stations statewide.

California Governor Gray Davis enthusiastically promoted Early Start. DDS joined Governor Davis in declaring March 2002 Early Start Month. Early Start Month reflected the collaborative efforts of parents, early intervention professionals, and state agency personnel to enhance early intervention services for infants and toddlers at risk of or with developmental disabilities and their families. This significant endorsement of California's early intervention service system supports and acknowledges the many parents and professionals who participate daily in Early Start activities.

## What is California Early Start?

Early Start's comprehensive efforts to locate, identify, and refer infants and toddlers who may be in need of early intervention services allow anyone who is concerned about a child's development to make a referral. This includes parents, guardians, foster parents, family members, pediatricians, social workers, nurses, and child care providers.

During a 12-month period, more than 40,000 children are served in Early Start. Referral data in this report represent only new referrals during that time-frame and provide valuable information about the children and families referred to Early Start. Research has demonstrated the importance of early intervention services. Table 1 shows the age of children at the time of referral to Early Start; Table 2 shows the gender of the children referred; Table 3 provides information about referral sources, critical in making the connection to Early Start; Table 4 shows the referral distribution by ethnicity; and Table 5 shows the ethnic breakdown for California's population.

## Department of Developmental Services Referral Data

TABLE 1

**Consumers Under Age 3 with a New Referral to Early Start During State Fiscal Year 2001-2002**

Age at Referral	Count	Percent
Under age 1	5,625	33.00%
Age 1	6,515	38.22%
Age 2	4,908	28.79%
Total	17,048	100%

Source: Department of Developmental Services, 2002.

TABLE 2

**Gender of Consumers Under Age 3 with a New Referral to Early Start During State Fiscal Year 2001-2002**

Gender	Count	Percent
Female	6,898	40.46%
Male	10,150	59.54%
Total	17,048	100%

Source: Department of Developmental Services, 2002.

**Referral Sources During State Fiscal Year 2001-2002**

Referral Source	Count	Percent
Hospital	5,297	31.07%
Parent	4,877	28.61%
Physician/Health Plan	3,166	18.57%
Other	1,190	6.98%
Child Protection Agency	657	3.85%
County Health Department	573	3.36%
Private Service Agency	313	1.84%
Local Education Agency	294	1.72%
Department of Social Services/County Welfare	201	1.18%
California Children Services	163	0.96%
Child Care Provider	98	0.57%
Regional Center	84	0.49%
Family Resource Center	56	0.33%
Child Health and Disability Prevention	35	0.21%
Maternal Child Health Contract Project	25	0.15%
County Mental Health	19	0.11%
Total	17,048	100.00

Source: Department of Developmental Services, 2002.

TABLE 3



**Ethnicity of Consumers Under Age 3 with a New Referral to Early Start During State Fiscal Year 2001-2002**

<b>Ethnicity</b>	<b>Count</b>	<b>Percent</b>
Hispanic	8,994	52.75%
White	5,320	31.21%
Asian/Pacific Islander	1,357	7.96%
Black	1,314	7.71%
Native American	63	0.37%
<b>Total</b>	<b>17,048</b>	<b>100%</b>

Source: Department of Developmental Services, 2002.

TABLE 4

**Ethnic Breakdown for California's Birth-to-Age-3 Population During Calendar Year 2001-2002**

<b>Ethnicity</b>	<b>Count</b>	<b>Percent</b>
White	1,188,163	43.44%
Hispanic	1,142,576	41.77%
Asian/Pacific Islander	217,800	7.96%
Black	161,520	5.91%
Native American	25,222	0.92%
<b>Total</b>	<b>2,735,281</b>	<b>100%</b>

Source: Department of Finance, 2002.

TABLE 5

*Referral data provide valuable information about the children and families referred to Early Start. Research has demonstrated the importance of early intervention services.*



## What is California Early Start?

Infants and toddlers from birth up to 36 months may be eligible for early intervention services if, through documented evaluation and assessment, they meet one of the criteria listed below:

1. have a developmental delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or
2. have established risk conditions of known etiology with a high probability of resulting in delayed development; or
3. are at high risk of having a substantial developmental disability due to a combination of risk factors.

On December 1, 2002, 26,876 infants and toddlers received early intervention services through regional centers and LEAs, compared to a total of 42,106 children and families who received early intervention services in California during the 12-month reporting period. This number is based on Early Start consumers served by the regional centers and LEAs. This number does not include children exiting LEA programs prior to December 1, 2002, or entering LEA programs after December 1, 2002.

## Eligibility

**Children Under Age 3 Years Served by Regional Centers During State Fiscal Years 1993-2002**

July 02	22,767
July 01	20,884
July 00	19,758
July 99	18,346
July 98	17,314
July 97	16,997
July 96	17,051
July 95	16,578
July 94	15,568
July 93	12,875

Source: Department of Developmental Services, 2002.

Under the leadership of CDE, early childhood special education programs are coordinated by 116 Special Education Local Plan Areas (SELPA) and are provided by LEAs. Under California Early Start, LEAs, not regional centers, are primarily responsible for services for infants and toddlers with vision, hearing, and severe orthopedic impairments, including any combination of these solely low incidence disabilities. LEAs also provide services to additional infants and toddlers with exceptional needs up to their funded capacity. On December 1, 2002, 5,548 children were being served by LEAs.

## What is California Early Start?

### Services Purchased by Regional Centers During State Fiscal Year 2001-2002

Early intervention services are based on the unique needs of the child and family and are determined by the IFSP team through the evaluation and assessment process. The IFSP team includes the child's parent(s), service coordinator, and professionals who conducted the evaluations or assessments. The developmental needs of the child are considered, along with the concerns, priorities, and resources of the family. Services are provided within the context of the child and family's everyday routines, relationships, activities, places, and partnerships. Eligible children and families may receive a variety of early intervention services. Early intervention services from Early Start are provided at no cost to eligible families as they are provided, purchased, or arranged by a regional center or LEA. Table 7 shows the type and cost of early intervention services purchased by regional centers during State fiscal year 2001-02.

**Early Intervention Services Purchased by  
Regional Centers During State Fiscal Year  
July 1, 2001 – June 30, 2002 (in millions)\***

Infant Development Programs	\$64,313
Home Health Care	\$8,462
Respite	\$6,788
Other <sup>1</sup>	\$6,656
Occupational Therapy	\$5,566
Speech Pathology	\$5,087
Physical Therapy	\$4,676
Behavior Management	\$2,453
Infant Specialist/School/Tutor/Teacher	\$2,336
Child Care	\$1,854
Transportation <sup>2</sup>	\$1,550
Nursing	\$843
Specialized Therapeutic Service	\$127
Total	\$110,709

Source: Department of Developmental Services, 2002.

\*The OSEP required reporting period was changed to reflect a 12-month fiscal year; therefore service expenditures are not directly comparable to the expenditures used in prior Annual Reports reflecting a 15-month reporting period.

- <sup>1</sup> "Other Services" includes optional Early Start services, such as medical expenses, combined with the aggregation of expenditures for all other services purchased for children under the age of 3 that are not specifically identified in this figure, such as counseling, translation, interpreting, durable medical equipment, nutritional services, etc.
- <sup>2</sup> Transportation costs are limited to specific transportation non-contract expenditures and do not include contracted transportation expenditures as these are not linkable by age or individual service recipients.





# How Early Start Makes a Difference

## Quality Service Delivery

**T**he delivery of quality early intervention services envisioned by Part C of IDEA requires that personnel are qualified and appropriately trained to provide those services to eligible infants and toddlers and their families. In California, early interventionists and specialists, including paraprofessionals, from a variety of disciplines through multiple agencies provide early intervention services. An LEA, a vendored program, or a person that contracts with a regional center, another agency, or a combination of these may provide early intervention services. California assures that personnel who provide Early Start services are appropriately and adequately trained and has standards based on the highest requirements in the State. Early intervention personnel may be certificated, registered, licensed, or credentialed by their professional organization or under contract pursuant to applicable State regulations.

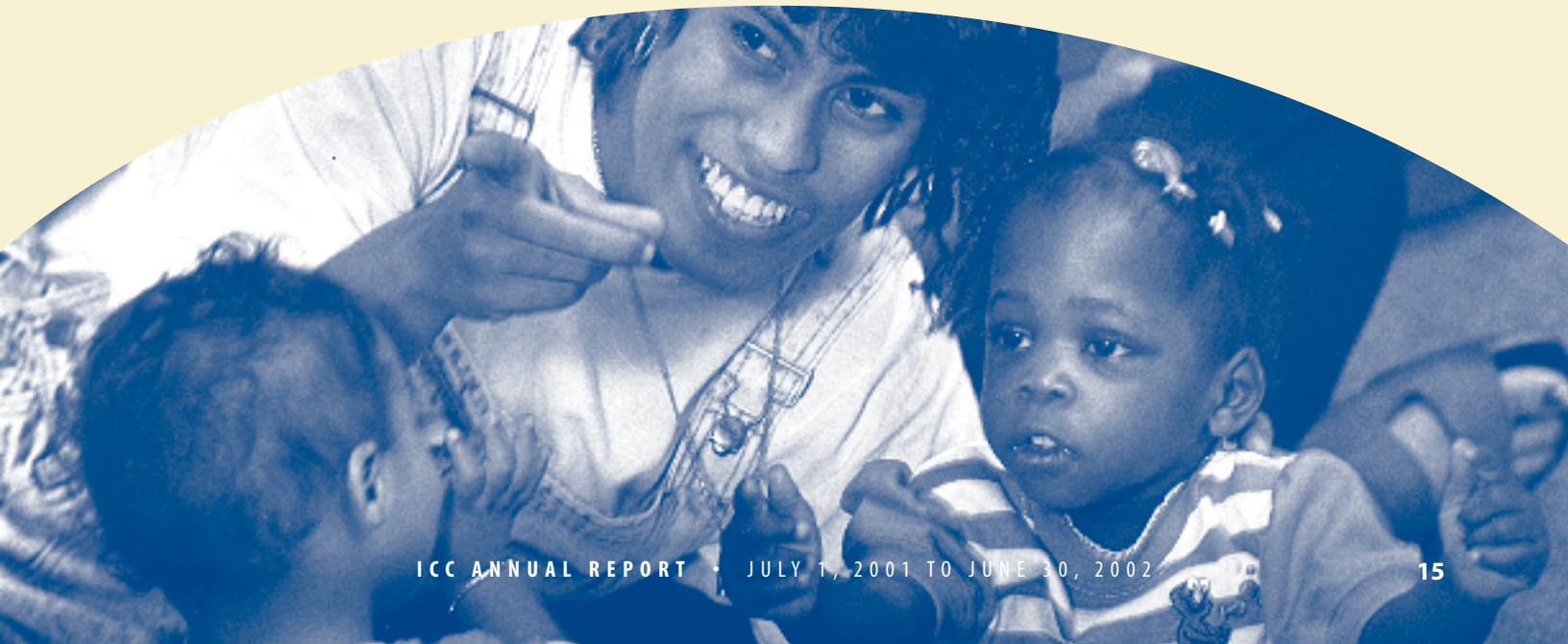
The ICC conceptually approved a proposed Early Start Personnel Model in March 1999. The intent of the proposed model is to provide a best practice system approach to allow personnel to be recognized as qualified to provide an early intervention service to infants and toddlers and their families throughout California based on comparable early intervention competencies. The “multiple pathways” approach contained in the proposed model applies to personnel with varying levels of experience, from paraprofessionals to experienced practitioners, and includes the Practitioner Pathway,

the Non-Early Intervention Academic Pathway, and the Early Intervention Academic Pathway.

The California Commission on Teacher Credentialing (CTC) has had an Early Childhood Special Education credential in effect since July 1999. CTC also revised its Child Development Permit matrix for the various levels of child development personnel to address inclusion of children with special needs and diversity.

Early Start acknowledges the importance of preservice and continuing education for personnel providing early intervention services. Through a contract with DDS, WestEd CPEI assists in implementing the state-wide comprehensive system of personnel development (CSPD). Under the contract, WestEd CPEI developed the Community College Personnel Preparation Project and continues to support 26 community colleges as they infuse early intervention competencies found in the Proposed Early Start Personnel Model into their child development curriculum. Participating community colleges are developing certificate programs for early intervention assistants.

The Early Start Statewide Institutes, provided by WestEd CPEI under the contract with DDS, and other training opportunities supported or endorsed by Early Start continue to bring state-of-the-art information to service providers in California to ensure the delivery of high quality early intervention services.



## How Early Start Makes a Difference

### Family-Centered Services and Supports

Research has shown that improved outcomes for young children are most likely to occur when services are based on the premise that parents or primary caregivers are the most important influences on a child's development. Family-centered practices are those in which families are involved in all aspects of the decision making process, families' culture and values are respected, and families are provided with accurate and sufficient information to be able to make informed decisions. A family-centered approach keeps the focus on the developmental needs of the child, while including family concerns and needs in the decision making process. Family-centered practices include establishing trust and rapport with families, and helping families develop skills to best meet their child's needs.

FRC/Ns are a vital component of the California Early Start system. Through the dedication of parents and professionals, California is one of the few states with a structured, statewide system of family-centered support services. Each FRC/N reflects the needs of families in their community and maintains the crucial link to resources and supports for families. This parent-to-parent support helps to strengthen a family's ability to fully participate in service planning and to care for their infants and toddlers. Among other functions, FRC/Ns:

- ♥ provide supportive services, including education and training, to families with children who are at risk of, or are experiencing, delays or disabilities;
- ♥ encourage parent awareness by linking families with appropriate services in their communities;
- ♥ promote parent and professional collaboration by acknowledging the family's central role in the decision making process; and
- ♥ provide a coordinated network of parent-to-parent support groups throughout California.

To ensure that quality parent-to-parent and family support services are delivered by qualified staff, DDS sponsors an annual conference for FRC/N staff. Nearly 250 participants attended "Celebrating Families, Embracing Diversity: Family Resource Centers and Networks Fourth Annual Conference" in February 2002. This conference provided a range of new and innovative ideas, strategies, supports, and networking opportunities during 23 breakout sessions. Keynote speaker, Dr. Victor Bernstein, introduced the parallel process of supportive supervision and explored its use in FRC/Ns. Florene Poyadue, founder of Parents Helping Parents, was a keynote presenter who shared her thoughts on support, disability, and "moving to appreciation."

Early Start has a toll free telephone information line (800/515-BABY) that provides local information and resources. Early Start staff are available to respond to families' questions about referral and program information and resource material requests. From July 1, 2001 to June 30, 2002, a total of 2,553 telephone inquiries were received from the toll free information line.

Determining the effectiveness of a service delivery system requires an evaluation element. In May 2002, DDS released the results of the *2001 Early Start Program: Family Satisfaction Survey*. The survey was designed to measure family satisfaction regarding services provided by California's 21 regional centers. DDS secured the services of XenologiX, an independent contractor, to conduct the survey. The primary purpose of the survey was to collect and analyze data on program performance that was not routinely or previously available. The survey examined Early Start and family perceptions about how the system meets family needs. In total, 1,706 families participated in the effort. The results suggest that, for the most part, the system performs well for most families across all regional centers, age groups, and ethnicities. Of those surveyed, 96.4% stated that early intervention services increased their capacity to enhance their child's development and improved the quality of life of their children.

## How Early Start Makes a Difference

### Innovative Services and Resources

To provide the public with information about regional centers and services and supports provided to children and adults with developmental disabilities, DDS developed and maintains a website. The Early Start website, [www.dds.ca.gov/EarlyStart](http://www.dds.ca.gov/EarlyStart), provides information specifically for parents, professionals, and the ICC. Information for families includes Early Start Family Resource Centers/Networks contact and conference information, downloadable versions of the *Early Start Central Directory*, all Early Start printed publications, links to the California Early Start Library, and the federal and State statutes and regulations that govern Early Start and early intervention services. The website provides an e-mail address, [EarlyStart@dds.ca.gov](mailto:EarlyStart@dds.ca.gov), for people to submit inquiries and requests for information directly to Early Start staff. The Early Start website has information about early intervention professional and personnel development, community events and training opportunities, and direct links to prevention and early intervention information. The ICC page provides a comprehensive overview of the ICC, a directory of its members, and previous meeting minutes and agendas.

ESR provides assistance with public awareness and outreach activities. ESR maintains the California Early Start Library, a specialized collection of early intervention resource materials and information. It is a free information service to assist families, specialists, educators, caregivers, advocates, and other service providers who are working to improve the lives of infants and toddlers with disabilities or those at risk for developmental challenges. The California Early Start Library offers a wide variety of materials and staff provide resource assistance for individual requests. The library collection of more than 4,000 items includes books, manuals, reports, research articles, brochures, training materials, and videotapes related to early intervention topics. Current periodicals on prevention and early intervention topics are maintained as reference materials. The library collection is accessible on-line at

[www.wested.org/cpei](http://www.wested.org/cpei) and patrons may request materials via an electronic checkout system.

In November 2001, DDS sponsored the Early Start Forum on Natural Environments. The Forum focused on providing services for young children and their families within the context of the child and family's everyday routines, relationships, activities, places, and partnerships. The Forum was specifically designed to focus on practical tips, motivating insights, tangible resources, and innovative strategies to support providing early intervention services in natural environments. Session facilitators, parents, and staff from regional centers, family resource centers, LEAs, and vendored programs were encouraged to explore effective practices and approaches that result in enhanced service delivery within natural environments.

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*The Early Start Forum focused on providing services for young children and their families within the context of the child and family's everyday routines, relationships, activities, places, and partnerships.*

## How Early Start Makes a Difference

### Comprehensive System of Personnel Development

Early Start's CSPD provides the framework for coordinating the delivery of personnel development activities throughout California. Elements of the Early Start CSPD include:

- ♥ Preservice preparation
- ♥ Inservice training
- ♥ Technical assistance
- ♥ Training needs assessment
- ♥ Service provider recruitment and retention
- ♥ Evaluation

Under the direction of the Early Start State Services Section, DDS contracts with WestEd CPEI to facilitate the implementation of CSPD projects. The following statewide projects and activities have provided training, technical assistance, family education resources, and program and personnel development for various aspects of Early Start.

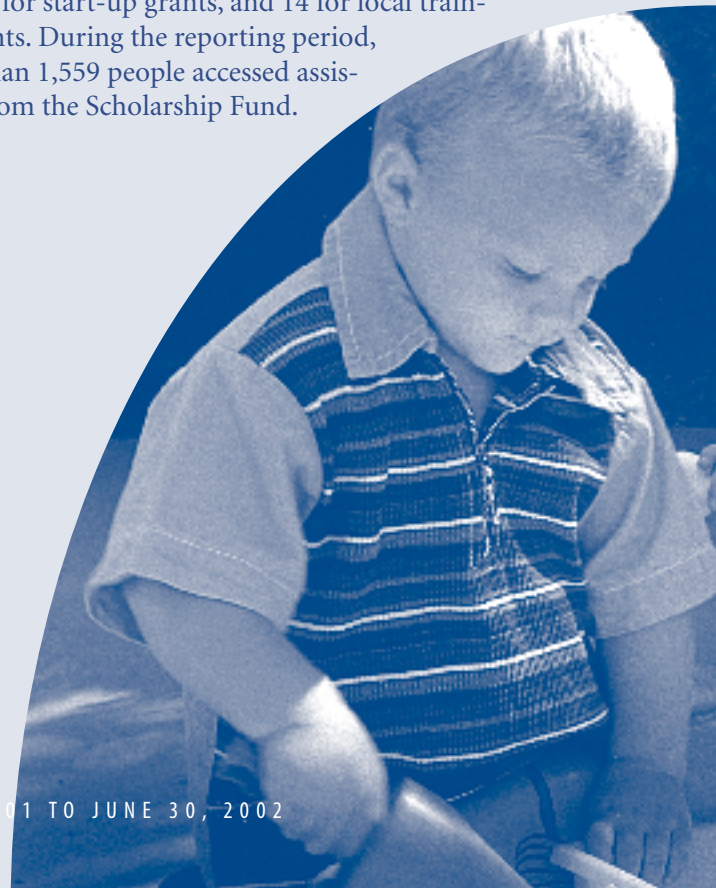
The Early Start Statewide Institutes address early intervention competencies for professionals in five core content areas, two of which address service coordination. The Institutes include advanced training on transition and developing and implementing local level memoranda of understanding to assist providers to consistently follow established transition procedures. The *Early Start Service Coordinator's Handbook, Volumes 1 and 2*, were developed as a resource to supplement training received by participants of the Service Coordination Institutes. More than 600 *Handbooks* emphasizing key responsibilities and practical implementation ideas for Early Start service coordinators have been distributed.

The Early Start Consultant Network provides technical assistance in CSPD product development, the site monitoring process, and other State priority projects. Specialized consultants were utilized for various CSPD activities via a database designed to expedite the search for consultants with particular expertise. The Consultant Network was instrumental in completing the *Early Start Service Coordinator's Handbook, Volumes 1 and 2*,

and assisted in the development of a training curriculum aligned with the *Handbook* and an evaluation of its effectiveness.

Comprehensive training was offered on special topics related to Early Start and the delivery of early intervention services. The Early Start Multidisciplinary Evaluation and Assessment Forum presented practices in appropriate evaluation and assessment of children birth to 3 years and their families that are consistent with requirements under Part C of IDEA, Early Start regulations, and promising practices in early intervention. Practical information was provided on qualified assessors, tools, protocols and preferred practices, and the linkages between assessment, service planning, and intervention. Training sessions were offered to regional center and LEA clinical teams, family resource center staff, and vendored assessors to develop effective communication and family-centered interviewing skills.

The Early Start Personnel Development Scholarship Fund provided \$300,000 in financial support to early intervention personnel for professional development. During the reporting period, 885 awards were given for conference attendance, 31 for college coursework, 7 for start-up grants, and 14 for local training events. During the reporting period, more than 1,559 people accessed assistance from the Scholarship Fund.



## How Early Start Makes a Difference

### Leadership, Monitoring Activities, and Technical Assistance

**A**dministration, supervision, and monitoring of Early Start is essential to ensure that each eligible child and family receives the services needed to enhance the development of infants and toddlers with disabilities and maximize their potential. Early intervention services are provided by a wide variety of public and private entities. Through supervision and monitoring, California ensures that all agencies and individuals providing early intervention services under Early Start meet the requirements of Part C of IDEA.

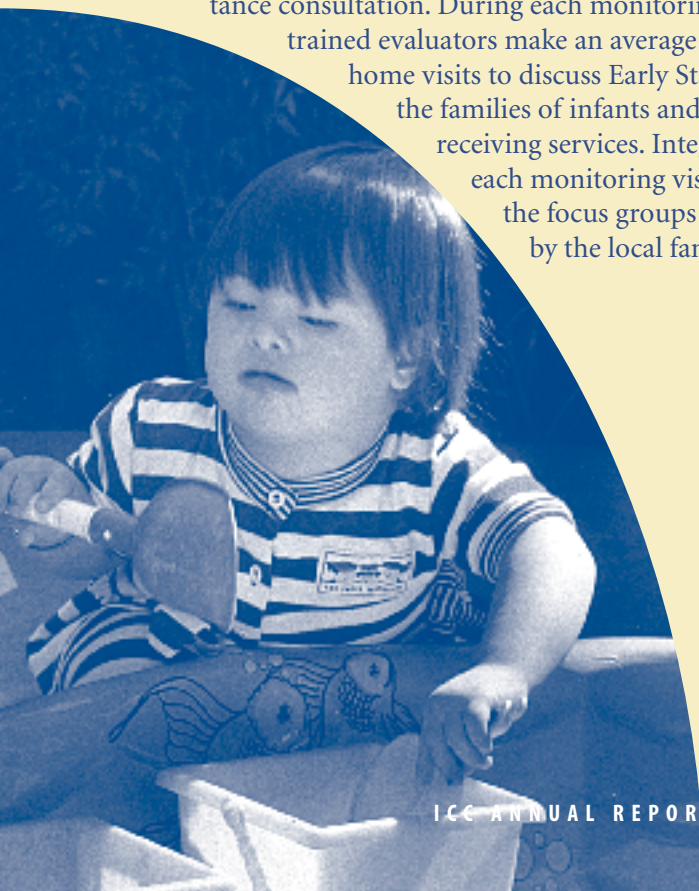
During the reporting period and under the management of the DDS Early Start Local Support Section, six regional center catchment areas were monitored for compliance with the full scope of Early Start requirements. Monitoring teams included DDS and CDE liaisons, parents, regional center staff, and an ICC representative. In addition, individual child record reviews were conducted at each of the 21 regional centers to ensure compliance with State and federal record keeping requirements. Record review sessions with each regional center were conducted as both a quality assurance effort and a policy training and technical assistance consultation. During each monitoring visit, trained evaluators make an average of eight home visits to discuss Early Start with the families of infants and toddlers receiving services. Integral to each monitoring visit are the focus groups hosted by the local family re-

source center and attended by evaluators. The home visits and focus groups allow approximately 20 parents to participate with evaluators in face-to-face, standardized interviews about early intervention services and family perceptions regarding Early Start.

The Early Start Local Support Section has designated liaisons to regional centers, family resource centers, and other local early intervention programs. The liaisons provide technical assistance through site visits, record reviews, and by conducting on-site training and consultation. Areas of technical assistance included development of local interagency agreements, evaluation and assessment, multidisciplinary IFSP development, resource development, service delivery in natural environments, and system collaboration. Liaisons also responded to specific requests for information and assistance.

During the reporting period, CDE received Part C funding for state-level staff to supplement current administrative responsibilities of the Special Education Division (SED), including focused monitoring and technical assistance related to federal and State mandates. Special Education Consultants from CDE participated with DDS liaisons in program monitoring and training and technical assistance activities. CDE's activities provided oversight and support to early childhood special education programs for young children and their families.

Under the direction of CDE, Supporting Early Education Delivery Systems (SEEDS), contracted through the Sacramento County Office of Education, supported DDS in Early Start monitoring activities. SEEDS staff and consultants participated in several Early Start monitoring visits and made presentations at SELPA meetings. Through their network of core and specialized consultants and visitation sites, SEEDS responded to requests for technical assistance from early childhood education agencies throughout the State. Visitation sites included infant and preschool programs funded by CDE or vendored through the regional center system. SEEDS encourages LEAs to include families, regional center staff, FRC/Ns, and operators of vendored programs in trainings sponsored by SEEDS.



## How Early Start Makes a Difference

### Dispute Resolution

**I**n Early Start, there are rights and protections to resolve disagreements related to services or to allegations that federal or State statutes or regulations have been violated. In California, two separate processes deal with such issues.

The compliance complaint process is used to investigate and resolve alleged violations of statutes or regulations by DDS, CDE, a regional center, LEA, or any service provider receiving Part C funds. The compliance complaint process can also address remedies for denial of appropriate services. Anyone may file a

written complaint. The Office of Human Rights and Advocacy Services, a division of the Office of the Director at DDS, is responsible for investigating and rendering final decisions on all Early Start complaints. Agencies found out of compliance participate in the development of a corrective action plan and receive training and technical assistance from DDS.

CDE participates in the investigation of compliance complaints concerning LEAs, local inter-agency dispute resolutions, program monitoring, and training and technical assistance activities.

Table 8 shows the issues most frequently raised in Early Start compliance complaints. Table 9 provides a breakdown of the resolution of these complaints.

Mediation and Due Process Hearings are used to resolve issues between parents and a regional center or LEA related to a proposal or refusal for identification, evaluation, assessment, placement, or services regarding an individual child. A parent, legal guardian, or authorized representative may file a request. The Office of Administrative Hearings, under contract with DDS, conducts mediation conferences and due process hearings.

**Issues Most Frequently Raised in Compliance Complaints During July 1, 2001 – June 30, 2002**

Provision of services	30%
Development and implementation of IFSP	20%
45-day timeline	10%
Procedural safeguards	10%
Private insurance	10%
Other	20%

Source: Department of Developmental Services, Office of Human Rights and Advocacy, 2002.

**Resolution of Complaints During July 1, 2001 – June 30, 2002**

Out of compliance	9
Dismissed (exceeded statute of limitations)	2
In compliance	1
Partial compliance	1
Total complaints filed	13

Source: Department of Developmental Services, Office of Human Rights and Advocacy, 2002.

*In Early Start, there are rights and protections to resolve disagreements related to services or to allegations that federal or State statutes or regulations have been violated.*

.....

During the reporting period, 140 requests for Mediation and Due Process Hearings were filed. Table 10 shows the issues most frequently disputed. Filings may contain multiple issues. Sixty percent of the cases were withdrawn or dismissed, usually as a result of informal resolution at the local level. Table 11 provides the distribution of results of Mediation and Due Process Hearings.

**Issues Raised Most Frequently in Mediation and Due Process Hearings During July 1, 2001 – June 30, 2002**

Denial of service	80
Other <sup>1</sup>	42
Respite	34
Speech/language services	34
Delay in provision of services	31
Behavior services	26
Service provider	24
Level of service	21
Reimbursement	18
Physical/occupational therapy	15
Total	325

Source: Department of Developmental Services.

<sup>1</sup> "Other" may include issues such as assistive technology, aquatic therapy, audiology, diapers, dietary, music therapy, parent training/materials.

TABLE 10

**Results of Mediation and Due Process Hearings During July 1, 2001 – June 30, 2002**

Dismissed or withdrawn	84	60.0%
Granted	26	18.69%
Settled in mediation	23	17.0%
Denied	6	4.3%
Partially granted	1	0.01%
Total	140	100%

Source: Department of Developmental Services.

TABLE 11

## How Early Start Makes a Difference

### Partnerships in Community Projects

The success of Early Start depends on partnerships with agencies in the community that provide support to children and families and parent-professional partnerships. The following projects have contributed to building leadership, system capacity, personnel development, and awareness of the benefits of early intervention.

**Special Education Early Childhood Administrators Project (SEECAP)**, contracted by CDE, Special Education Division through the San Diego County Office of Education, provided training to nearly 300 seasoned and aspiring parent and professional leaders during Symposia 2001. SEECAP examines controversial and current critical issues in the field and provides strategies for increasing quality, collaboration, inclusion, and compliance from an administrative viewpoint. Several sessions were offered to build personal, professional, and community leadership skills.

**California's Infant, Preschool & Family Mental Health Initiative (IPFMHI)**, funded by the First 5 California Children and Families Commission under the leadership of the Department of Mental Health, coordinated with WestEd CPEI and included eight county departments of mental health and other local partners. The Initiative addressed building capacity at the state and local level to provide coordinated, high quality early mental health and relationship-based services for very young children, their families, and other primary caregivers.

*The success of Early Start depends on partnerships with agencies in the community that provide support to children and families and parent-professional partnerships.*

**The Early Intervention Distance Learning Project** is a federally funded project in California designed to train early intervention personnel who provide direct assistance to infants and toddlers with disabilities and their families under Part C of IDEA. California State Universities at Sacramento and Northridge and San Diego State University received a five-year grant from the U.S. Department of Education, Office of Special Education and Rehabilitative Services, to provide early intervention training using a variety of distance learning formats in collaboration with DDS. The program includes five academic courses and a field-based practicum that reflects demonstration of best practice competencies for early interventionists who provide direct intervention to infants and toddlers with disabilities and their families as proposed in the Early Start Personnel Model. Coursework may also be applied to an Early Childhood Special Education credential or a Masters Degree at participating universities.

The Department of Health Services, Children's Medical Services Branch, continued implementation activities addressing a statewide comprehensive **Newborn Hearing Screening Program (NHSP)** in collaboration with CDE and DDS. The goal of this program is to identify infants with hearing loss and link them with services as soon as possible. Families of infants delivered at California Children's Services (CCS)-approved hospitals certified by DHS have the opportunity to have their baby's hearing screened. Access to rescreening, diagnostic evaluation, and treatment also is available. Infants identified with a hearing loss are linked to early intervention services through an established Early Start referral system managed by CDE's Office of Deaf and Hard of Hearing.

## How Early Start Makes a Difference

### Interagency Coordination

**T**he ICC provides advice and assistance to DDS concerning the statewide system of early intervention services and assists DDS in achieving the full participation, cooperation, and coordination of state agencies that serve young children and their families.

The ICC met six times in different areas of the state during the 12-month reporting period and served as a forum for public input from parents, service providers, service coordinators, professional organizations, colleges and universities, and others about federal, state, or local policies that support the timely delivery of early intervention services. The ICC meeting in May 2002 included an open forum with the federal Office of Special Education Programs, which solicited input directly from stakeholders from around the State.

The mission of the ICC is to promote and enhance a coordinated family service system for infants and toddlers, from birth to 36 months, who have or are at risk of having a developmental disability or have delays, and their families, utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration.

The Governor appoints members to the ICC. The Council is comprised of parents of children with or at risk for developmental disabilities or delays, early intervention service providers, state agency representatives, and others interested in early intervention and personnel preparation. In addition, the ICC Chair appoints community representatives to provide increased participation of parents, providers, and other interested parties.

During the reporting period the ICC continued their commitment to provide advice and assistance to the lead agency to ensure a seamless system of delivering early intervention services. To address this commitment, the ICC:

- provided representatives to participate on the State's Early Start monitoring teams;
- convened an ad hoc task force to make recommendations regarding interagency strategies to promote and support collaboration among agencies and programs providing child care to include children with disabilities; and

- provided representatives to assist DDS/Early Start and Early Head Start in the development of a state-level memorandum of understanding.

During the reporting period the ICC approved the following as formal recommendations for submission to DDS:

- 1) "Recommendations for Vision Evaluation for Children in the Early Start Program" developed by the Health Systems Committee.
- 2) Recommendations for a "Transfer of Knowledge Symposium on Child Care" developed by the Family Support Services Committee.

The ICC's five standing committees provided forums for ICC members, ICC community representatives, and other stakeholders to discuss issues in detail concerning the Early Start system. The committees assisted the ICC in making recommendations to the lead agency.

*The mission of the ICC is to promote and enhance a coordinated family service system for infants and toddlers, from birth to 36 months, who have or are at risk of having a developmental disability or have delays, and their families, utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration.*

## How Early Start Makes a Difference

**The Committee of the Whole** included all of the Governor-appointed ICC members. This committee provided the opportunity to discuss issues that crossed over two or more committees. The following are some pertinent issues discussed by this committee during the reporting period:

- ♥ State budget and fiscal trends
- ♥ Early Start continuous improvement activities
- ♥ Early Start monitoring
- ♥ Foster care issues
- ♥ Child care issues
- ♥ Legislation affecting young children
- ♥ Strategies to ensure ongoing effective service delivery, interagency collaboration, and parent-professional partnerships
- ♥ Service provision in natural environments

**The Family Support Services Committee (FSSC)** provided advice to the ICC to ensure that the priorities of families and their children remain foremost in the delivery of early intervention services. During the reporting period the committee provided input on the following issues:

- ♥ Strategies to increase interagency collaboration and access to quality child care services for children eligible for Early Start.
- ♥ Strategies related to service provision in natural environments and parental involvement in service planning.
- ♥ Parent involvement in local and statewide stakeholder meetings.
- ♥ Strategies to increase parent participation and public input at ICC meetings.

During the reporting period, the FSSC developed and presented recommendations for a “Transfer of Knowledge Symposium on Child Care.” The recommendation requested that DDS collaborate, support, and participate with the Child Development Policy Advisory Committee and other key stakeholders to plan, develop, and implement a child care symposium in November 2002.



## How Early Start Makes a Difference

**The Public Awareness Committee** provided advice to the ICC on issues pertaining to child find and outreach activities that coordinate, support, and promote California Early Start. During the reporting period the committee conducted the following activities:

- ☛ Provided advice and assistance regarding dissemination and outreach strategies for people referring children to Early Start.
- ☛ Reviewed and provided input about general awareness activities, informational materials specific to families, and dissemination strategies for public awareness of Early Start.
- ☛ Discussed options for a data based evaluation component to assist DDS with tracking the effectiveness of public awareness activities.
- ☛ Collaborated with the Health Systems Committee regarding outreach to pediatricians, community physicians, and other health care providers.
- ☛ Provided advice and assistance on initial drafts of an Early Start referral brochure targeting the general public, caregivers, foster parents, child care providers, and other professionals serving young children.
- ☛ Developed an ICC Certificate of Appreciation and award criteria to acknowledge outstanding service on the ICC.
- ☛ Developed and implemented Newcomer Orientation Meetings as a strategy to increase parent participation and input at the ICC.

**The Quality Assurance and Personnel and Program Standards Committee** provided advice to the ICC on issues pertaining to the Early Start system components that ensure infants, toddlers, and their families receive quality early intervention services delivered by competent and qualified professionals. During the reporting period the committee conducted the following activities:

- ☛ Provided advice and assistance regarding the Early Start monitoring process and collaboration with the CDE verification process.
- ☛ Identified issues for parents, service providers, regional centers, and LEAs regarding the transition to and expansion of early intervention services in natural environments.
- ☛ Reviewed and provided input concerning the *2001 Early Start Program: Family Satisfaction Survey*.
- ☛ Reviewed and provided input on Early Start compliance complaints, mediation, and due process data.
- ☛ Reviewed and provided input regarding Early Start family resource center data collection efforts.

*The ICC's five standing committees provided forums for ICC members, ICC community representatives, and other stakeholders to discuss issues in detail concerning the Early Start system. The committees assisted the ICC in making recommendations to the lead agency.*

## How Early Start Makes a Difference



**The Health Systems Committee** provided advice to the ICC on issues pertaining to the evaluation and assessment of the health and developmental needs of infants and toddlers and their families to ensure that all children receive:

- Health and developmental assessments to identify service needs;
- Appropriate referrals to needed specialists, agencies, and special programs, including Early Start; and
- Quality intervention and services for their health and developmental needs as part of their IFSP.

During the reporting period the committee conducted the following activities:

- Developed the technical assistance document “Recommendations for Vision Evaluation for Children in the Early Start Program.”
- Addressed strategies to integrate health status into evaluation, assessment, IFSP development, and early intervention service delivery.
- Discussed strategies to improve the quality and availability of child care for children with special needs and chronic health conditions.
- Discussed strategies to increase outreach efforts to pediatricians, community physicians, and other health care providers.

*The Council is comprised of parents of children with or at risk for developmental disabilities or delays, early intervention service providers, state agency representatives, and others interested in early intervention and personnel preparation.*

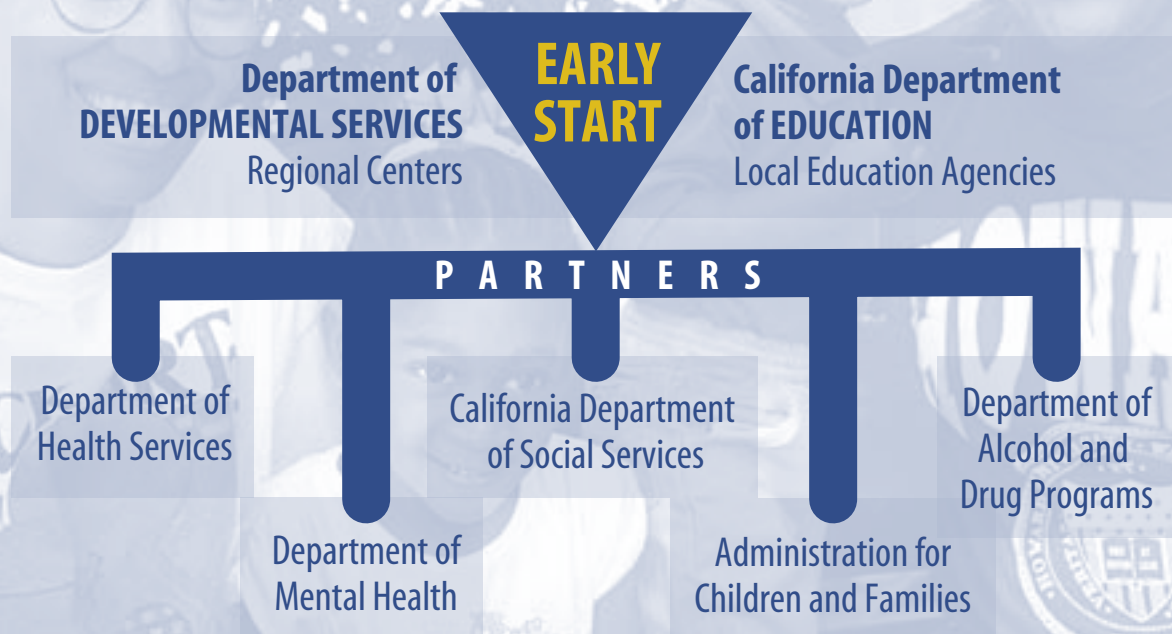
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## How Early Start Makes a Difference

### Coordination with State Agencies

**C**ollaboration is the best way to provide comprehensive services. No single agency is able to provide all services to all children and families. Cooperation and shared responsibility are necessary components of a service system that is able to meet the varied needs of children and families. Just as agencies must establish partnerships at the local level, state departments must assume a partnership role to enhance our mutual ability to serve California's infants and toddlers with disabilities and their families.

Early Start is a multiagency effort administered by DDS and CDE that encourages partnerships between families and professionals, family support, and coordination of services. DDS serves as the lead agency responsible for the administration and coordination of the statewide early intervention system in partnership with CDE, which is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities. This partnership has made Early Start a family-centered, comprehensive, multidisciplinary, interagency, and community-based early intervention system.



## How Early Start Makes a Difference

### **Department of Developmental Services**

In addition to the Part C administrative activities identified in this report, DDS provides leadership and direction to non-profit corporations (regional centers) to ensure that people with developmental disabilities receive the services and supports they need as envisioned by the Lanterman Developmental Disabilities Services Act. People diagnosed with an autistic spectrum disorder (ASD) represent the fastest growing disability served by DDS, currently affecting more than 21,000 people in California. This is a nearly 100 percent increase since 1999. California's efforts in monitoring, researching, and providing services to this growing population are recognized throughout the world and have made California a leading resource for information about autism.

Through an Autism Initiative, DDS facilitated the creation of *Autistic Spectrum Disorders: Best Practices Guidelines for Screening, Diagnosis and Assessment*. Numerous leading professionals in the field of ASD participated in the development of the *Guidelines*, which are expected to become a benchmark for best practices in screening and diagnosing ASD.

### **California Department of Education**

During the reporting period, the Special Education Division of CDE continued to collaborate with DDS through a variety of Part C activities. CDE increased its participation with the ICC by assigning a staff member to each of the Council's standing committees. Special Education Division staff participated with DDS in full scope monitoring reviews of regional center catchment areas and accompanied DDS staff in providing targeted technical assistance. CDE and DDS collaborated to make the CDE verification process and DDS monitoring process under Early Start more streamlined and comprehensive. CDE participates in the investigation of compliance complaints concerning LEAs and local dispute resolutions. The Special Education Division also, through its verification review process, provided DDS with information regarding LEA compliance with Part C of IDEA.

CDE's Child Development Division (CDD) continues to support activities to increase inclusive child care opportunities for children with disabilities. The Map to Inclusive Child Care, Program for Infant Toddler Caregivers, and Beginning Together are projects CDD supports to address strategies, program practices, and models that support full inclusion of children with disabilities and other special needs in child care settings.

These activities demonstrate CDE's commitment to focus efforts to create positive results for young children and their families through collaborative partnerships.

*Early Start is a multiagency effort administered by DDS and the California Department of Education that encourages partnerships between families and professionals, family support, and coordination of services.*

## How Early Start Makes a Difference

### Department of Health Services

During the reporting period, the Children's Medical Services (CMS) Branch and Medi-Cal Managed Care Division (MMCD) of DHS, worked with staff in the Early Start State Services Section of DDS on the new interagency agreement. The agreement is geared to improve the coordination of services for California's children, birth to age 36 months, with or at risk for disabilities, and their families. This is established by developing a common set of working guidelines and procedures to support collaboration between DDS and DHS/CMS and MMCD and to provide a basis for improved collaboration at the local level.

DHS/CMS continued to be an active participant on the ICC. DHS supported the participation of a CMS Branch medical consultant on the ICC Committee of the Whole and on the Health Systems Committee, as well as a Health Program Manager in collaborative activities with DDS and CDE regarding the implementation of the California Newborn Hearing Screening Program (NHSP).

During the reporting period, DHS:

- ☛ Contributed extensive input into the Health Systems Committee "Recommendations for Vision Evaluation for Children in Early Start."
- ☛ Conducted a joint presentation to the ICC on the NHSP with CDE.
- ☛ Represented the Early Start perspective in program and policy development activities of the CMS Branch, as well as to local and State DHS programs.
- ☛ Provided a medical perspective for topics such as autism and vision screening.

- ☛ Provided outreach and education to the early intervention community regarding the NHSP.
- ☛ Collaborated with CDE and DDS in implementing a single point of entry referral system to Early Start for infants identified with a hearing loss.
- ☛ Collaborated with the University of Southern California on medical home issues and approaches to service provision.

The CMS Branch also participated in numerous Early Start related conferences and events, and included Early Start professionals from regional centers, LEAs, DDS, and CDE on the California NHSP Advisory Group.

The NHSP continues to work with State contracted Hearing Coordination Centers in certifying hospitals as Inpatient Infant Hearing Screening Providers and tracking access to appropriate follow-up services. During the reporting period 81 certified hospitals participated in the NHSP as Inpatient Infant Hearing Screening Providers. Almost 175,000 infants born in those facilities were offered hearing screening.

The number of infants, birth to 36 months of age, served through the Medically Vulnerable Infant Program (MVIP) continued to increase. The MVIP provided home-based visits, health care coordination, comprehensive assessments, monitoring and interventions, referrals, education/counseling, and support for parents and caregivers of medically vulnerable infants.

## How Early Start Makes a Difference

### Department of Social Services

The DSS representative to the ICC continued to co-chair the Family Support Services Committee and address the priorities of safety, permanency, and well-being of children and families in California. DSS supported the following activities:

- ☛ Completed the May 2002 *Stakeholders Summit Report* detailing a conceptualized framework for a redesigned Child Welfare Services (CWS) system in California. Input received from the CWS Stakeholders Group Summit 2002 helped to further refine this process by linking outcomes to accountability, placing a stronger emphasis on reaching children and families earlier with a less adversarial approach, and targeting fairness and equity as an aspect of a system where all children are valued and supported.
- ☛ Joined the Interstate Compact on Adoption and Medical Assistance (May 2002) with the California Department of Health Services to ensure reciprocity of services for children with special needs who are adopted. This compact allows DSS to enter into interstate agreements with other state agencies for the protection of children receiving adoption assistance and to provide procedures for interstate adoption assistance payments, including medical payments.
- ☛ Hired approximately 212 Public Health Nurses across the State to oversee the provision of physical, mental, and dental health care to children in foster care. These include children in out-of-county and out-of-state placements. The Public Health Nurses, co-located in the county welfare and probation departments, collaborate with welfare and probation department staff to provide consultation and assistance in the collection and interpretation of health care information and to develop health resources. They also plan and provide training programs for health, child welfare, probation, and juvenile court staff.
- ☛ Established the California State Office of the Ombudsman for Foster Care to provide an independent forum for review and resolution of concerns related to the care, placement, or services provided to children and youth placed in foster care. During fiscal year 2001-2002 the Foster Care Ombudsman's Office made 154 outreach presentations and had 8,623 total contacts that included 7,201 requests for information and 716 complaints from foster youth. In addition to resolving specific complaints, the Office provided 706 referrals to other agencies and departments to ensure that foster youth receive appropriate services.
- ☛ Contracted with the Stanford University School of Medicine to provide training for medically fragile children and their families. The goal of the Special Start Training Program is to improve the health, developmental, and social outcomes of infants at increased risk of infant mortality, morbidity, abuse and neglect, and out-of-home placement due to a combination of medical and social risk factors. During fiscal year 2001-2002, 10 training classes for county social workers and other professional staff were conducted statewide. Participants included public health nurses; early interventionists; community therapists; parents; child care workers; physical, occupational, and speech therapists; and social workers. Additionally, 12 training classes for foster parents on medically fragile infants were conducted for approximately 300 foster parents.

## How Early Start Makes a Difference

- Initiated the Supportive and Therapeutic Options Program (STOP) to provide local funding for collaborative planning and integration of service delivery to prevent children from entering or re-entering foster care and/or promote successful transitions in returning home. Families who are not Medi-Cal eligible or for other reasons are unable to access needed services under existing funding arrangements may qualify for STOP funds. Some county social services agencies have used STOP allocations to contract with other county agencies such as mental health or probation to provide treatment such as group therapy and drug and alcohol programs. Counties have also used these funds to contract or arrange for a wide variety of interventions such as recreation activities and therapies, after school programs, respite care, independent living services, music therapy, and crisis intervention. During fiscal year 2001-2002, approximately 7,000 children and their families benefited from services and supports funded by STOP.

*No single agency is able to provide all services to all children and families. Cooperation and shared responsibility are necessary components of a service system that is able to meet the varied needs of children and families.*

### **Department of Alcohol and Drug Programs**

ADP continued to provide information on early intervention to perinatal providers at the county and local levels. Staff conducted site visits to perinatal alcohol and drug treatment programs and discussed the importance of early identification and the availability of early intervention services. ADP ensured women receiving substance abuse treatment know the importance of early identification and how and where to access early intervention services. The ADP representative to the ICC served on the Public Awareness Committee.

ADP's Office of Perinatal Substance Abuse oversees the State's Perinatal Services Network (PSN), which is made up of approximately 290 perinatal treatment programs, serving more than 37,000 pregnant and parenting women and 56,000 of their children each year. This network provided a comprehensive continuum of perinatal services based upon the individual needs of the clients and their child(ren). Most perinatal programs have child development components that include working with the mother-child dyad, performing developmental assessments, providing therapeutic child care and age appropriate activities, and facilitating child development and parent education support groups. Case managers also conducted a variety of developmental screenings for children, provided linkages to specialized health care, local public health agencies, regional centers, family resource centers and other agencies, and ensured that children received developmental follow-ups when appropriate. In some programs, technical assistance and staff training was provided on high-risk follow-up, case management, and early intervention. Through a training and technical assistance contractor, ADP provided on-site training sessions on Early Start issues for perinatal program staff.

## How Early Start Makes a Difference

### Department of Mental Health

The Children's System of Care (CSOC) Initiative began in 1985 and expanded to include 54 counties. DMH provided counties with allocations for the purpose of developing comprehensive and integrated service systems for seriously emotionally disturbed children and included children birth to 5 years of age and their families in the target population. This model emphasized family-centered, culturally competent approaches that have been effective in reducing service gaps, improving access, and increasing the availability of community-based services within the least restrictive and natural environments. Counties are encouraged to work with their local First 5 Children and Families Commission to address the needs of young children and their families in the community.

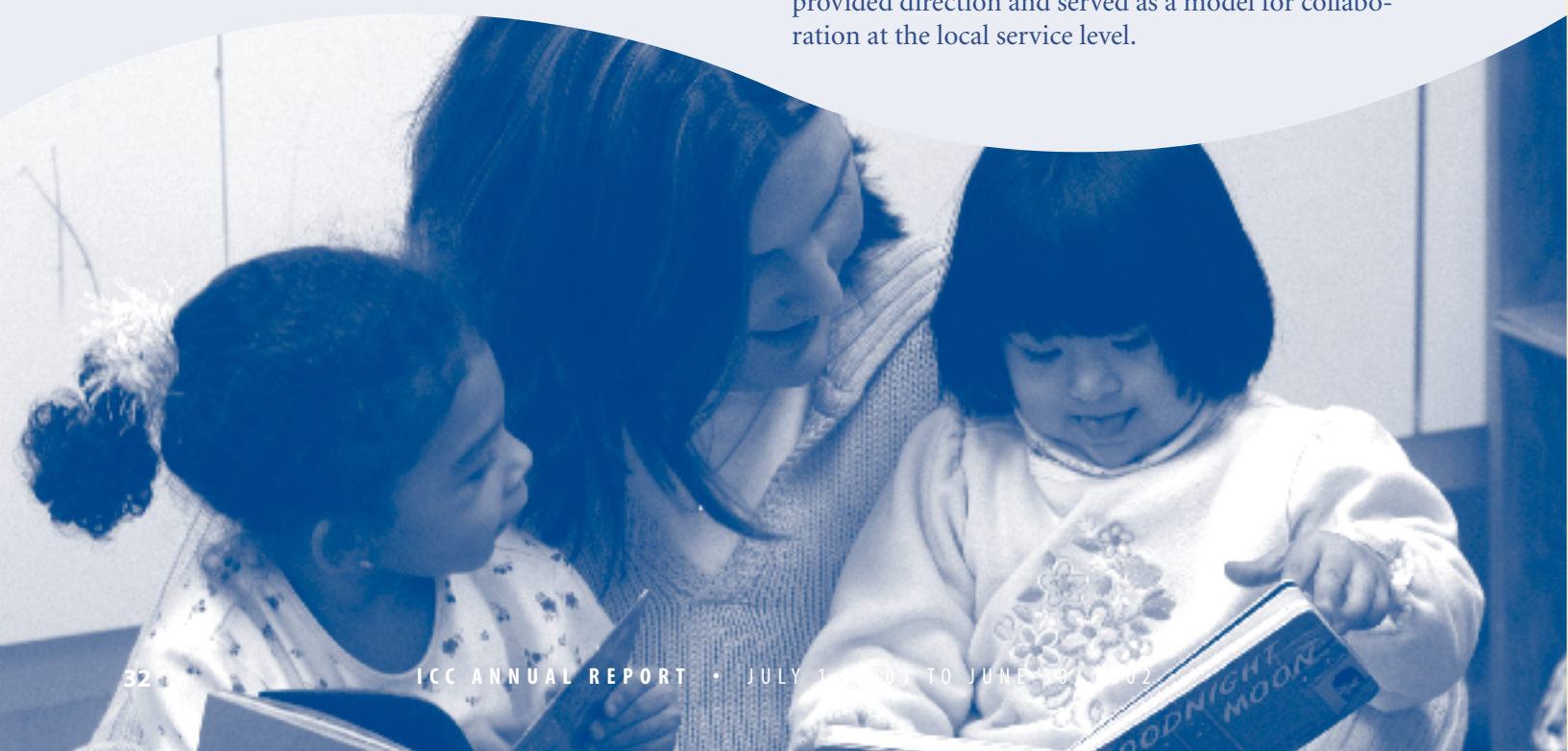
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services were available to Medi-Cal eligible children, birth to 21 years of age, requiring medically necessary services identified through the EPSDT screening process.

DMH continued California's Infant, Preschool & Family Mental Health Initiative funded by the First 5 California Children and Families Commission. The Initiative, which included eight counties, accomplished the following:

- ☛ Piloted the delivery of integrated services to the birth-to-5-year old population in the four new pilot counties and identified effective methods for screening, assessing, and delivering services;
- ☛ Linked counties to centers of expertise that may train early mental health specialists;
- ☛ Provided training seminars and workshops to staff in participating counties and participants from agencies working with mental health programs to serve very young children;
- ☛ Developed a model curriculum for training prospective providers of mental health services at the college and university levels; and
- ☛ Carried out a clinical services study to evaluate quality improvement resulting from the adoption of screening and assessment measures and early intervention that focuses on the relationship between the very young child and his or her caregiver/mother.

### Administration for Children and Families

During the reporting period DDS and the Administration for Children and Families, Head Start Bureau, Region IX completed a memorandum of understanding (MOU) addressing collaboration and coordination between Early Start and Early Head Start. The MOU provided direction and served as a model for collaboration at the local service level.



## Summary of Funding

To supplement California's early intervention system of services, a federal Part C grant of \$45.9 million was allocated during federal fiscal year (FFY) 2000, which is accessed by California in the State fiscal year July 1, 2001-June 30, 2002. Table 12 shows the amount of the Part C Grant Awards to California since 1997.

TABLE 12

### Part C Grant Awards to California

Federal FY	State FY	Grant Award in Millions
2000	01-02	\$45.9
1999	00-01	\$46.1
1998	99-00	\$46.2
1997	98-99	\$45.9

Source: Department of Developmental Services, 2003.

TABLE 13

### Part C Grant Funding

Regional Centers	\$24,183,644	52.58%
LEAs	\$14,200,000	30.92%
Family Resource Centers	\$2,750,000	6.00%
System Requirements*	\$2,531,000	5.50%
State Administration (Personnel and Operating Expenses)	\$2,048,152	4.50%
ICC Support	\$217,000	.50%
Total	\$45,929,796	100%

Source: Department of Developmental Services, 2003. State Fiscal Year 2001-2002.

\*System requirements include due process and mediation hearings; comprehensive system of personnel development; and public awareness.

Ninety percent of the federal Part C funds used in 2001-2002 supplemented the State's General Fund allocations to regional centers and LEAs to meet the additional requirements resulting from Part C mandates, additional early intervention service delivery, and for family support services provided by FRCs. Ten percent of the federal grant was used for state administration and required system components including CSPD and public awareness activities (see Table 13).

Table 14 provides historical information about the costs of purchasing early intervention services.

TABLE 14

**Funding of Early Intervention Services Purchased by Regional Centers  
During State Fiscal Years 1997 – 2002**

State Fiscal Year	Federal Part C Funds	State General Fund	Total in Millions
97-98	\$11.4	\$41.4	\$52.8
98-99	\$13.9	\$51.6	\$65.5
99-00	\$19.1	\$61.7	\$80.8
00-01	\$20.7	\$81.3	\$102.0
01-02	\$19.5	\$108.6	\$128.1

Source: Department of Developmental Services, 2003.

Note: Funding increased in FY 2000-2001 to support the increased cost of programs making changes to address service provision in natural environments.

CDE received Part C funding for state-level staff to supplement current administrative responsibilities of the SED, including focused monitoring and technical assistance related to federal and State mandates. CDE allocates Part C funds to SELPAs to supplement existing fund sources in LEAs. LEAs use these funds to pay for increased costs related to implementing the additional federal requirements and procedures, adding new services for children with solely low incidence disabilities (vision impairment, hearing impairment, severe orthopedic impairment or a combination of these disabilities), and extending the early intervention program year to 200 days for infants and toddlers served by LEAs. Table 15 displays LEA Part C expenditures for State Fiscal Years 1997–2002.

TABLE 15

**Funding of Early Intervention Services Provided by LEAs  
During State Fiscal Years 1997 – 2002**

State Fiscal Year	Federal Part C Funds	State General Fund	Total in Millions
97-98	\$13.6	\$42.6	\$56.6
98-99	\$13.8	\$47.6	\$62.0
99-00	\$14.1	\$47.6	\$62.4
00-01	\$13.8	\$50.5	\$64.2
01-02	\$14.2	\$50.5	\$65.3

Source: California Department of Education, December 2002.

Since 1980, California law has included a partial mandate for early education programs to serve infants and toddlers with disabilities. Under California Education Code, LEAs are mandated to continue providing early childhood special education services to the number of children they served in 1980-81, and they must provide services to a number of additional children to continue to qualify for their current level of state funding.

## State ICC Membership 2001-2002

### **Raymond M. Peterson, MD, MPH**

*ICC Chairperson*

### **Arleen Downing, MD**

*Health Systems Committee Co-Chair*

### **Livia Faure-Gault\***

*Parent Representative*

### **Marie Kanne Poulsen, Ph.D.**

*Quality Assurance and Personnel and  
Program Standards Co-Chair*

### **Martha Sanchez\***

*Public Awareness Committee Co-Chair*

### **Elaine Fogel Schneider, Ph.D.**

*Public Awareness Committee Co-Chair*

### **Sharon Tettgah, Ph.D.\***

*Quality Assurance and Personnel and  
Program Standards Co-Chair*

### **Rick Ingraham**

*Designee for Cliff Allenby,  
Director, Department of Developmental Services*

### **Jim Bellotti**

*Designee for Delaine Eastin,  
Superintendent of Public Instruction,  
California Department of Education*

### **Maridee Gregory, MD/Hallie Morrow, MD**

*Designee for Diane Bonta,  
Director, Department of Health Services*

### **Gwendolyn Aldridge**

*Designee for the Kathryn Jett,  
Director, Department of Alcohol and Drug Programs*

### **Carolyn Ortiz**

*Designee for Rita Saenz,  
Director, Department of Social Services*

### **Cynthia Rutledge**

*Designee for Stephen Mayberg, Ph.D.,  
Director, Department of Mental Health*

### **Nancy Lee**

*Designee for Harry W. Low,  
Insurance Commissioner*

## State ICC Community Representatives 2001-2002

### **Brigitte Ammons**

*Los Angeles*

### **Zelna Banks**

*Downey*

### **Bonnie Bear**

*San Diego*

### **Jean Brunelli**

*La Palma*

### **Kathleen Callanan, Ph.D.**

*Sacramento*

### **Fran Chasen**

*Santa Monica*

### **Doug Cleveland**

*Napa*

### **James O. Cleveland, Ed.D.**

*San Diego*

### **Terry Colborn**

*Sacramento*

### **Ruth Cook, Ph.D.**

*Los Gatos*

### **Toni Doman\***

*Crowley Lake*

### **Juno Duenas\***

*San Francisco*

### **Susan Ferrell**

*Redding*

### **Stephanie Pringle Fox\***

*Antelope*

### **Sharon Savery Gould**

*Sacramento*

### **Hedy Hansen\***

*Santa Ana*

### **Barbara Helfing\***

*Studio City*

### **Nenita Herrera-Sioco\***

*Costa Mesa*

### **Laurie Jordan\***

*Oxnard*

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*Fresno*

### **Jan Kearns**

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### **Diane Kelligrew, Ph.D., OTR**

*Los Angeles*

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*San Marcos*

### **Linda Landry**

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### **Dwight Lee, M.D.**

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### **Robin Millar**

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### **Peter Michael Miller, MD**

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### **Patricia Moore\***

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### **Beverly Morgan Sandoz**

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### **Lois Pastore**

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### **Ivete Peña, MD**

*Monterey Park*

### **Kristine Pilkington, OTR**

*Santa Barbara*

### **Shirley Stihler**

*Salinas*

### **Sherry Torok**

*San Diego*

### **Kate Warren\***

*Oakland*

### **Julie Woods\***

*Los Angeles*

\*Parent

## ICC Certification of the Annual Report

Part C of the Individuals with Disabilities Education Act (IDEA), Section 303.654 requires the ICC to prepare an annual report to the Governor of California and to the Secretary of the United States Department of Education on the status of the State's early intervention program. The reporting period for this annual report is July 1, 2001 - June 30, 2002.

I certify that the ICC has reviewed the information in the Annual Report for FFY 2000 (July 1, 2001 through June 30, 2002) and concur that the content is accurate and complete.

A handwritten signature in blue ink that reads "Raymond M. Peterson". The signature is written in a cursive style with a large, stylized 'P' at the beginning.

**Raymond M. Peterson, M.D.**

*Chair, State Interagency Coordinating Council on Early Intervention*





Early Start is an interagency system of coordinated early intervention services administered by the Department of Developmental Services in collaboration with the California Department of Education.